## CITY OF RIVERSIDE SENIOR OFFICE SPECIALIST & OFFICE SPECIALIST SUPPLEMENTAL

NAME:		SOCIAL SECURITY #
	PLEASE PRINT	

Indicate by circling the degree of experience you have in any of the following, using a scale of 0-5, where 0 = no experience, 1 = 1 year of experience, 2 = 2 years, 3 = 3 years, 4 = 4 years, and 5 = 5+ years of experience.

Years of Experience Receptionist/Meeting the public 0 1 2 3 4 5 Answering oral inquires or complaints 0 1 2 3 4 5 Answering busy telephones/multiple lines 0 1 2 3 4 5 Interpreting and explaining regulations and policies 0 1 2 3 4 5 Assisting people who have difficulty understanding forms or expressing themselves 0 1 2 3 4 5 Filing/Sorting/Alphabetizing 0 1 2 3 4 5 **Experience with court proceedings** 0 1 2 3 4 5 Maintaining appointment calendar or service log 0 1 2 3 4 5 Working with confidential or sensitive material 0 1 2 3 4 5 Keyboarding complex or statistical material 0 1 2 3 4 5 0 1 2 3 4 5 **Keyboarding routine material** Word processing/database computer software programs 0 1 2 3 4 5 **Programs:** Handling routine correspondence 0 1 2 3 4 5 Composing letters and correspondence 0 1 2 3 4 5 Taking minutes for meetings 0 1 2 3 4 5 Transcribing from mechanical equipment 0 1 2 3 4 5 Transcribing from handwritten notes 0 1 2 3 4 5 Accounting for money/making change 0 1 2 3 4 5 Maintaining financial records 0 1 2 3 4 5 Payroll processing 0 1 2 3 4 5 Supervisory experience 0 1 2 3 4 5 How many employees? Compiling, maintaining financial, budget, narrative and statistical records 0 1 2 3 4 5 Type of records: **Experience with boards and commissions** 0 1 2 3 4 5 Type of boards/commissions:

I hereby certify that all statements	made on this questionnaire	are true and complete,	and I understand that any
misstatement or omission of mater	ial facts may subject me to di	squalification or dismiss	al.

Signature:	Date:	
Signature.	Date.	